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**TRANSMITTAL  
FORM***(To be used for all correspondence  
after initial filing)*

Application Number	10/623,146
Filing Date	July 17, 2003
First Named Inventor	Santi Carlo Adamo
Art Unit	2186
Examiner Name	
Attorney Docket No.	851763.437

**ENCLOSURES (check all that apply)**

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|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input checked="" type="checkbox"/> Cited References<br><input checked="" type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address<br><input checked="" type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group ( <i>Appeal Notice, Brief, Reply Brief</i> )<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) ( <i>please identify below</i> ):<br><u>Copy of Notice to File Missing Parts</u><br>_____<br>_____<br>_____ |
|---|---|--|

Remarks**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Individual Name	Robert Iannucci	Customer Number <b>38106</b>
Signature		
Date	December 17, 2003	

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

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Signature		Date:
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